Pre-fight History and <u>Physical</u>

Record: Wins ___ Losses Draws

1) Legal Name _____ AGE_

2) Date of Last Bout _____ Result _____
3) Have You Ever Been Knocked Unconscious? Yes__ No__ If "yes" list date ____
4) Were You Knocked Out In Your Last Bout? Yes __ No __
5) Have You Had Any Serious Bone Or Joint Injuries? Yes __ No __
6) Have You Ever Had A Concussion Or Head Injury Of Any Type? Yes __ No __
7) Have You Ever Passed Out During Exercise? Yes __ No __
8) Are You Currently Being Treated For Any Illness? Yes __ No __
9) Are You Currently Taking Any Medicines On A Regular Basis? Yes __ No __
10) Have You Ever Been Treated For Any Serious Illness, Or Had Surgery? Yes __ No __
11) Are You Allergic To Any Medicines? Yes __ No __
12) Are You Currently Using, Or Have You Ever Used Anabolic Steroids? Yes __ No __
13) Have You Ever Had Radial Keratotomy Eye Surgery? Yes __ No __
14) Do You Have Any Underlying Medical Conditions? Yes __ No __
15) Have You Ever Had Surgery? Yes __ No __
16) Do Any Diseases Run In Your Family? Yes __ No __
17) *(WOMEN ONLY)* Is There Any Chance That You Are Pregnant? Yes __ No __
18) *(WOMEN ONLY)* Have You Ever Had Breast Augmentation? Yes __ No __
19) Please List The Name, Address, And Telephone Number Of A Person To Contact In Case Of Emergency: _____

***Signature Of Participant:* _____**

TO BE COMPLETED BY EXAMINING PHYSICIAN (S)

1) Blood Pressure: Systolic ___ Diastolic ___

2) Head, Eyes, Ears, Nose, Throat:
3) Lungs, Chest, Heart:
4) Abdomen:
5) Orthopedic:
6) Neurological:
7) Pregnancy Test (if Applicable):

I hereby certify that on the basis of the participant's statements listed above and physicians findings, it is my opinion that this participant is in good physical condition and able to engage in boxing bouts. DATE _____

Physician Name:_____ _____(License #)